

## **Site Accreditation Report – Behavior Management Systems**

**Completed: March 06-08, 2017**

**Levels of Care Reviewed:**

### **Substance Use Disorder Services**

**Early Intervention (.5)**

**Outpatient Services (1.0)**

**Clinically Managed Low-Intensity Residential Treatment Program (3.1)**

**Medically Monitored Intensive Treatment Program (3.7)**

### **Mental Health Services**

**Child and Youth or Family Services (CYF)**

**Comprehensive Assistance with Recovery and Empowerment Services (CARE)**

**Individualized Mobile Programs of Assertive Community Treatment (IMPACT)**

**Outpatient Services**

**Review Process:** Behavior Management Systems was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

**Administrative Review Score: 92.7%**

**Combined Client Chart Review Score: 91.1%**

**Cumulative Score: 91.2%**

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## **ADMINISTRATIVE REVIEW SUMMARY**

**Strengths:** The agency provides a wide variety of mental health and substance use services to a large catchment area. They have a strong leadership team. The board meets above the recommend required meetings. They continuously look for ways to improve the quality of their services by implementing an active Quality Assurance team that provides analysis of findings, trends, and how that will impact the agency. The commitment to quality assurance is evident from the top down at the agency and the supervision provided to staff is done in a manner that models this commitment, as well as the spirit of motivational interviewing. Additionally, the agency has built many partnerships with other entities or agencies to ensure the best possible services available.

### **Recommendations:**

1. The agency's policies and procedures manual and the policy of the Board of Directors manual should be reviewed and updated as appropriate to ensure compliance with ARSD 67:62 and 67:61 that went into effect December of 2016. It is also recommended that references to the Division of

Behavioral Health are updated as there are many areas which continue to reference the Division of Alcohol and Drug Abuse as well as the Division of Mental Health.

2. The agency's Risk Management and Safety policy related to ARSD 67:61:02:21 & 67:62:02:19 Sentinel Events was added and is awaiting board review. Please ensure that the agency develops and includes root cause analysis processes as part of this to ensure full compliance with ARSD.
3. Please ensure that the Introduction to Services and Client Rights form that clients currently receive is updated to include the Division of Behavioral Health's current address. The form found in the policies and procedures manual included an attachment that references the old Division of Mental Health.
4. The Full Circle client handbook clearly identifies reasons for discharge and that substance use alone will not result in automatic discharge. However, BMS should also ensure that the overall agency policies and procedures clearly identify that clients will not be automatically discharged for non-prescribed substance use or displaying symptoms of mental or physical illness, and also describe processes made for referrals to address a mental illness or medical condition in accordance with ARSD 67:61:06:07.
5. ARSD 67:61:05:12 and 67:62:06:10 require that each agency shall routinely check the office of Inspector General's List for excluded individuals. In review of personnel records, it appears the OIG Medicaid exclusion list is checked upon new hire, although personnel files did not contain periodic re-checks to ensure existing staff are not excluded at some point after hire. Please develop processes to also routinely check current employees to ensure compliance with these new Rules that went into effect December 2016.
6. The agency shall maintain personnel policies and records for all staff including contracted staff, interns, or volunteer per ARSD 67:61:05:08 and 67:62:06:06. In review of personnel records, they contain the application completed as well as transcripts/diplomas/copies of licensure as appropriate, but do not always contain continuing education documentation or updated licenses.
7. As stated in Mental Health Contract Attachments, staff providing assistance with administration of medication must participate in annual medication management training. Personnel records should document completion of such medication administration training. Records included this training upon hire but do not always show the annual updated training documentation.
8. The Risk Management and Food Preparation and Storage sections of the Standard Operating Procedures Manual should be reviewed for any updates needed to ensure compliance with Administrative Rules of South Dakota Article 44:78 promulgated by the Department of Health in October 2015.
9. The agency has clear policies and procedures on the storage of records, but it is recommended to identify processes that will ensure compliance with the timelines for closure of inactive clients, or those clients who have had no contact by phone or in person with the agency, as required in ARSD 67:61:07:04 & 67:62:08:03. The Rules promulgated in December 2016 now clearly define inactive clients and the timeframe in which case closure is needed and BMS should develop policies and procedures that will ensure staff compliance with this.

### **Plan of Correction:**

1. According to ARSD 67:61:05:05 and 67:62:06:04, the agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment and document all elements of ARSD within the orientation process. Personnel records reviewed do document that orientation was completed; however, it was unclear if the new hires completed their required orientation within 10 days of hire or if all of the elements required are included.
2. According to ARSD 67:61:05:01, a two-step Tuberculin skin test for new employees is required, with one-step occurring within 14 days of the date of hire and the second step within the first twelve months of employment. The documentation of each required TB skin test was not found in the majority of the personnel records reviewed.

### **CLIENT CHART REVIEW SUMMARY**

**Strengths:** The integrated assessments are well organized, concise, and easy to read. The agency has been incorporating Motivational Interviewing and does a good job including the client's feedback as well as the family's feedback, if involved, within their treatment. BMS partners with other agencies in the Rapid City area to provide the Crisis Care Center for individuals for those experiencing a mental health or other crisis. Agency staff ensures adequate treatment is provided as client case file documentation clearly indicates both substance use disorder treatment and mental health treatment intensity is provided above and beyond minimum standards.

### **Recommendations:**

1. In review of the agency's charts, the agency's progress notes are missing a unique identification number as required in ARSD 67:61:07:08 and 67:62:08:12. The unique identification number did appear on non-billable notes; however, were missing on the progress notes. This may be a function of the electronic health record system utilized by BMS but solutions should be explored.

### **Plan of Correction:**

1. According to ARSD 67:61:07:12, a tuberculin screening for the absence or presence of symptoms shall be conducted within 24 hours of admission into services to determine if the client has had any symptoms within the previous three months. Nine out of 11 charts reviewed were missing documentation that this was completed within 24 hours after admission or onset of initial SUD services.
2. According to ARSD 67:61:16:04, a person admitted to a clinically-managed low-intensity residential treatment program must have received a medical examination conducted by or under the supervision of a licensed physician within the three months before admission or within five calendar days after admission. There were 2 charts of the 4 reviewed that did not meet this requirement.
3. According to 67:61:18:02(3), within 72 hours of admission, each client receiving medically-monitored intensive inpatient treatment shall have a complete blood count and urinalysis and a complete physical examination. The files reviewed did not contain the documentation for the required medical examination, blood count, and urinalysis.

4. According to ARSD 67:61:07 and 67:62:08, case file documentation shall include staff signature and credentials. Several charts reviewed were missing credentials with the staff signature in progress notes, treatment plans and other documents throughout the electronic medical record.